

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3/23/04. The Requestor on 12/17/04, submitted a request to withdraw date of service 6/12/03 denied as "U"; therefore, this date of service will not be reviewed.

I. DISPUTE

Whether there should be reimbursement for HCPCS code A4595 (according to the Table of Disputed Services) for date of service 11/12/03.

II. RATIONALE

The Requestor's Table of Disputed Services indicates HCPCS code in dispute for 11/12/03 as "A4595". It was noted the Requestor billed with HCPCS code E1399 for Electrodes. The Table of Disputed Services identifies the items in dispute. There is neither a HCFA nor an EOB submitted for A4595 for date of service 11/12/03. The request for medical dispute resolution initiated by the requestor shall identify unresolved medical fee or medical necessity issues in accordance with 133.305(a)(7). On this basis, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement.

The above Findings and Decision is hereby issued this 21st day of December 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd